

**EASTERN DISTRICT OF NORTH CAROLINA
UNITED STATES DISTRICT COURT**

File No.

5:15-CV-451-BO

Judgment Creditor (Plaintiff)

J. DUANE GILLIAM, Guardian of the Estate of Leon Brown, RAYMOND C. TARTON, Guardian Ad Litem for Henry C. McCollum, KIMBERLY PINCHBECK, as Limited Guardian and Conservator of the Estate of Henry Lee McCollum

**NOTICE TO CLAIM
EXEMPT PROPERTY
(STATUTORY EXEMPTIONS)**

VERSUS

Judgment Debtor (Defendant)

ROBESON COUNTY, TOWN OF RED SPRINGS,
KENNETH SEALEY, both Individually and in his
Official Capacity as Sheriff of Robeson County,
LARRY FLOYD, LEROY ALLEN, PAUL CANADY,
Administrator C.T.A. of the Estate of Luther Haggins,
ROBERT PRICE, Administrator C.T.A. of the Estate
of Joel Locklear, Sr. CHARLOTTE NOEL FOX,
Administrator of Estate of Kenneth Snead

N.C.G.S. 1C -1603(c)

NOTE TO DEBTOR (DEFENDANT): *The Clerk of Court cannot fill out this form for you. If you need assistance, you should talk with an attorney.*

I, the undersigned, move to set aside the property claimed below as exempt.

1. I am a citizen and resident of Gaston County, NC and was born on 02/01/1955.
2. I am married to Donna Marie Allen.
 I am not married.
3. My current address is 5616 Weavers Row, Gastonia, NC 28056.
4. The following persons live in my household and are dependent on me for support:

| <i>Name(s) of Person(s) Dependent on Me</i> | <i>Age</i> | <i>Relationship</i> |
|---|------------|---------------------|
| Donna Marie Allen | Adult | Spouse |
| | | |
| | | |
| | | |
| | | |

5. I wish to claim as exempt (*keep from being taken*) my interest in the following real or personal property that I use as a residence. I also wish to claim my interest in the following burial plots for myself or my dependents. I understand that my total interest claimed in the residence and burial plots may not exceed \$35,000.00 (\$60,000 if I am 65 years of age or older and I previously owned my property as a tenant by the entireties or as a joint tenant with rights of survivorship and my former co-owner is deceased).

Street Address of Residence

5616 Weavers Row, Gastonia, NC 28056

| <i>County Where Property Located</i> | <i>Township</i> | <i>No. by Which Tax Assessor Identifies Property</i> |
|--------------------------------------|-----------------|--|
| Gaston | South Point | Parcel #206004 |

Legal Description (Attach a copy of your deed or other instrument of conveyance or describe property in as much detail as possible. Attach additional sheets if necessary.)

Cramer Woods L53 15 065 001 00 000 Copy of Deed Attached

| | |
|---|--|
| <i>Name(s) of Owner(s) of Record of Residence</i> Vernon Leroy Allen and wife, Donna Marie Allen as tenancy by entireties | <i>Estimated Value of Residence (What You Think You Could Sell It For)</i> \$514,460.00 |
| <i>Amount of Lien(s) and Name(s) and Address(es) of Lienholder(s) (How much money is owed on the property and to whom.)</i> | |
| None | \$ -0- |
| | \$ |
| <i>Location of Burial Plots Claimed</i> None | <i>Value of Burial Plots Claimed</i> \$ |

6. I wish to claim the following personal property consisting of household furnishings, households goods, wearing apparel, appliances, books, animals, crops or musical instruments as exempt from the claim of my creditors (in other words, keep them from being taken from me). These items of personal property are held primarily for my personal, family or household use.

I understand that I am entitled to personal property worth the sum of \$5,000.00. I understand that I am also entitled to an additional \$1,000.00 for each person dependent on me for support, but not to exceed \$4,000.00 for dependents. I further understand that I am entitled to this amount after deducting from the value of the property the amount of any valid lien or security interest. Property purchased within 90 days of this proceeding may not be exempt.

(Some examples of household goods would be TV, appliances, furniture, clothing, radios, record players.)

| Item of Property | Fair Market Value (What You Could Sell It For) | Amount of Lien Or Security Interest (Amount Owed on Property) | Name(s) of Lienholders(s) (To Whom Money is Owed) | Value of Debtor's (Defendant's) Interest (Fair Market Value Less Amount Owed) |
|-------------------------|---|--|--|--|
| See attached page | \$ | \$ | | \$ |
| | \$ | \$ | | \$ |
| | \$ | \$ | | \$ |
| | \$ | \$ | | \$ |
| | \$ | \$ | | \$ |

7. I wish to claim my interest in the following motor vehicle as exempt from the claim of my creditors. I understand that I am entitled to my interest in one motor vehicle worth the sum of \$3,500.00 after deduction of the amount of any valid liens or security interests. I understand that a motor vehicle purchased within 90 days of this proceeding may not be exempt.

| | | |
|--|---------------------|---|
| <i>Make and Model</i> Honda CRV | <i>Year</i> 2011 | <i>Name(s) of Title Owner of Record</i> Vernon L. & Donna M. Allen |
| <i>Fair Market Value (What You Could Sell It For)</i> \$ 5,325.00 | | <i>Name(s) of Lienholder(s) or Record (Person(s) to Whom Money is Owed)</i> None |
| <i>Amount of Liens (Amount Owed)</i> \$ -0- | | <i>Value of Debtor's (Defendant's) Interest (Fair Market Value Less Amt. Owed)</i> \$ 2,662.50 |

Doc ID: 011473090003 Type: CRP
Recorded: 12/07/2006 at 04:19:35 PM
Fee Amt: \$693.00 Page 1 of 3
Excise Tax: \$673.00
Instr# 200600027563
Gaston, NC
Susan S. Lockridge Register of Deed

BK 4278 PG 81-83

RECORDING FEE 20-
EXCISE TAX PAID 673-

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax:

Parcel Identifier No. _____ Verified by _____ County on the _____ day of _____, 20_____
By: _____

Mail/Box to: Grantee, 5616 Weavers Row, Gastonia, NC 28056

This instrument was prepared by: Robert T. Sumner, Attorney, 316 S. York St., Gastonia, NC 28052

Brief description for the Index: Lot 53, Cramer Woods Subdivision, Plat Book 68, Page 3

THIS DEED made this 5th day of December, 2006, by and between

GRANTOR

George Andrew Gates, Jr., and wife,
Louann P. Gates

GRANTEE

Vernon Leroy Allen, Jr., and wife,
Donna Marie Allen

Enter in appropriate block for each party name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of Gastonia, Southpoint Township, Gaston County, North Carolina and more particularly described as follows:

see attached Exhibit "A".

The property hereinabove described was acquired by Grantor by instrument recorded in Book 4118 page 543.
A map showing the above described property is recorded in Plat Book 68 page 3.

EXHIBIT "A"

BEING THE FULL CONTENTS of Lot No. Fifty-Three (53) of the CRAMER WOODS Subdivision as shown and described on that certain map or plat duly recorded in Plat Book 68 at Page 3 in the Gaston County Registry.

Being the identical property conveyed to GEORGE ANDREW GATES, JR. and wife, LOUANN P. GATES, by deed dated April 21, 2005, recorded in Book 4118 at Page 543 in the Gaston County Registry.

UNOFFICIAL

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple. And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

easements, rights of way and restrictions of record.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

(Entity Name)

By:

Title:

By:

Title:

By:

Title:

George Andrew Gates Jr. (SEAL)

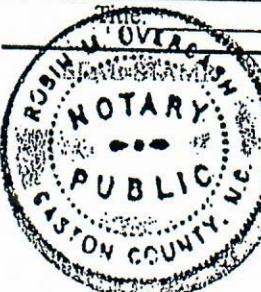
George Andrew Gates, Jr.

Louann P. Gates (SEAL)

Louann P. Gates

(SEAL)

(SEAL)



State of North Carolina - County of _____

USE BLACK INK ONLY

I, the undersigned Notary Public of the County and State aforesaid, certify that George Andrew Gates, Jr. and Louann P. Gates personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 5th day of December, 2006

My Commission Expires: 10/1/10

Rain M. Overcash

Notary Public

SEAL-STAMP

State of North Carolina - County of _____

I, the undersigned Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged that he is the _____ of _____ a North Carolina or _____ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of each entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal this _____ day of _____, 20_____.
My Commission Expires: _____

Rain M. Overcash

Notary Public

SEAL-STAMP

State of North Carolina - County of _____

I, the undersigned Notary Public of the County and State aforesaid, certify that _____

Witness my hand and Notarial stamp or seal this _____ day of _____, 20_____.
My Commission Expires: _____

Rain M. Overcash

Notary Public

The foregoing Certificate(s) of _____

This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

By: _____

Register of Deeds for _____

Deputy/Assistant - Register of Deeds _____ County _____

NC Bar Association Form No. 3 © 1976, Revised © 1977, 2002

Printed by Agreement with the NC Bar Association - 1981

* James Williams & Co., Inc.
www.JamesWilliams.com

6. One-half undivided in household goods, furniture and appliances as follows:

| | |
|------------------------------|----------|
| Washer: | \$200.00 |
| Dryer: | \$200.00 |
| Stove: | \$200.00 |
| Refrigerator: | \$400.00 |
| Freezer: | \$100.00 |
| Dinette set: | \$100.00 |
| Miscellaneous kitchenware: | \$50.00 |
| Miscellaneous linens: | \$20.00 |
| Livingroom suite: | \$350.00 |
| Two bedroom suites: | \$900.00 |
| Two TVs: | \$200.00 |
| Stereo: | \$20.00 |
| Computer with printer: | \$300.00 |
| Vacuum cleaner: | \$50.00 |
| Gas grill: | \$50.00 |
| Diningroom table w/6 chairs: | \$500.00 |
| Day bed: | \$20.00 |
| Two dressers: | \$40.00 |
| Work table: | \$40.00 |
| Two drawer file cabinet: | \$10.00 |
| Cell phone: | \$40.00 |
| .45 cal. handgun: | \$450.00 |
| Gun safe: | \$800.00 |
| Patio furniture: | \$50.00 |
| Riding mower: | \$250.00 |
| Miscellaneous yard tools: | \$50.00 |
| Push mower: | \$50.00 |
| Miscellaneous hand tools: | \$100.00 |
| Miscellaneous wall art: | \$150.00 |
| Miscellaneous books: | \$50.00 |
| Various lamps: | \$50.00 |
| Clothes: | \$100.00 |
| Watch | \$50.00 |

8. (This item is to claim any other property you own that you wish to exempt.) I wish to claim the following property as exempt because I claimed residential real or personal property as exempt that is worth less than \$35,000.00 or I made no claim for a residential exemption under section (5) above. I understand that I am entitled to \$5,000.00 in any property only if I made no claim under section (5) above or a claim that was less than \$35,000.00 under section (5) above. I understand that I am entitled to claim any unused amount that I was permitted to make under section (5) above up to a maximum of \$5,000 in any property. (Examples: if you claim \$34,000.00 under section (5), \$1,000.00 allowed here; if you claim \$30,000.00 under section (5), \$5,000 allowed here; if you claim \$35,000 under section (5), no claim allowed here.) I further understand that the amount of my claim under this section is after the deduction from the value of this property of the amount of any valid lien or security interests and that tangible personal property purchased within 90 days of this proceeding may not be exempt.

| Item Of Personal Property Claimed | Fair Market Value | Amount of Liens | Name(s) of Lienholder(s) | Value of Debtor's (Defendant's) Interest |
|-----------------------------------|-------------------|-----------------|--------------------------|--|
| See attached sheet | \$ | \$ | | \$ |
| | \$ | \$ | | \$ |
| | \$ | \$ | | \$ |

Real Property Claimed (I understand that if I wish to claim more than one parcel, I must attach additional pages setting forth the following information for each parcel claimed as exempt.)

| | |
|------------------------|--|
| Street Address None | Estimated Value of Property (What You Could Sell It For) \$ |
| County | Township No. by Which Tax Assessor Identifies Property |

Description (Attach a copy of your deed or other instrument of conveyance or describe the property in as much detail as possible)

| | |
|--------------------------------|---------------------------|
| Name and Address of Lienholder | Current Amount Owed \$ |
| Name and Address of Lienholder | Current Amount Owed \$ |

(Attach additional sheets for more lienholders)

9. I wish to claim the following item of health care aid necessary for myself my dependents.

| Item | Purpose |
|------|---------|
| None | |
| | |
| | |

10. I wish to claim the following implements, professional books, or tools (not to exceed \$2,000.00), of my trade or the trade of my dependent. I understand that such property purchased within 90 days of this proceeding may not be exempt.

| Item | Estimated Value (What You Could Sell It For) | What Business or Trade Used In |
|------|--|--------------------------------|
| None | \$ | |
| | \$ | |
| | \$ | |

8. Continued

| <u>Item of Personal Property Claimed as Exempt</u> | <u>Value of Defendant's Interest</u> |
|---|--------------------------------------|
| 1. ½ undivided interest in 2011 Ford Escape (owned jointly with spouse) | \$1,187.50 |
| 2. State Employees' Credit Union Checking | \$388.21 |
| 3. State Employees' Credit Union joint (w/spouse) checking | \$184.53 |
| 4. State Employees' Credit Union joint (w/spouse) savings | \$423.09 |
| 5. 2010 Utility trailer | \$200.00 |
| 6. .380 Pistol | \$300.00 |
| 7. .38 cal. Pistol 12-gauge Shotgun | \$250.00 |
| 8. Marriott Vacation Club Timeshare (AC 4808 45 E) | \$100.00 |
| 9. Marriott Vacation Club Timeshare (AB 5545 29 B) | \$100.00 |
| 10. Marriott Vacation Club Timeshare (GV 4505 01 X) | \$100.00 |

11. I wish to claim the following life insurance policies whose sole beneficiaries are my spouse and/or children as exempt

| Name of Insurer | Policy No. | Beneficiary(ies) |
|-----------------|------------|------------------|
| None | | |
| | | |

12. I wish to claim as exempt the following compensation that I received or which I am entitled for the personal injury of myself or a person upon whom I was dependent for support, including compensation from a private disability policy or annuity, or compensation that I received for the death or a person upon whom I was dependent for support. I understand that this compensation is not exempt from claims for funeral, legal, medical, dental, hospital or health care charges related to the accident or injury that resulted in the payment of the compensation to me. I understand that if I wish to claim more than one amount of compensation exempt, I must attach additional pages setting forth the following information for each amount of compensation claimed exempt.

| | |
|---|--|
| Amount of Compensation \$ None | Method of Payment: Lump Sum or Installments (If Installments, State Amount, Frequency and Duration of Payments) |
| Location/Source of Compensation | Name of Person(s) injured or killed giving rise to compensation |
| Unpaid Debts arising out of the injury or death giving rise to compensation (include names, addresses, services rendered and amount of debt) | |

13. I wish to claim as exempt the following retirement plans that I have that are individual retirement plans as described in the Internal Revenue Code or that are treated in the same manner as an individual retirement plan under the Internal Revenue Code, including individual retirement accounts and Roth retirement accounts as described in section 408(a) and section 408A of the Internal Revenue Code, individual retirement annuities as described in section 408(b) of the Internal Revenue Code, and accounts established as part of a trust described in section 408(c) of the Internal Revenue Code.

| Type of Retirement Account | Name of Account | Account Number |
|----------------------------|---------------------------------------|----------------------------------|
| 401k | ADP Total Source Belmont Savings Plan | Plan #894 550, Acct. ending 2842 |
| | | |
| | | |

14. I wish to claim as exempt the following funds I hold in a college savings plan that is qualified under section 529 of the Internal Revenue Code, not to exceed \$25,000. I understand that this plan must be used for the child's college expenses. I understand I may not exempt any funds I placed in this account within the preceding 12 months, except to the extent that any contributions were made in the ordinary course of my financial affairs and were consistent with my past pattern of contributions.

| College Savings Plan | Account Number | Name(s) of Child(ren) Beneficiaries |
|----------------------|----------------|-------------------------------------|
| None | | |
| | | |
| | | |

15. I wish to claim as exempt the following retirement benefits to which I am entitled to under the retirement plans of other states and governmental units of other states. I understand that these benefits are exempt only to the extent these benefits are exempt under the laws of the state or governmental unit under which the benefit plan was established.

| State/Governmental Unit | Name of Retirement Plan | Identifying Number |
|--|--------------------------|---------------------------------|
| North Carolina NC457B Deferred Comp. Plan | 457B Deferred Comp. Plan | 012003, sub Plan 018603 |
| Social Security | Retirement | Social Security No. ending 2842 |
| | | |

16. I wish to claim as exempt any alimony, support, separate maintenance, or child support payments or funds that I have received or that I am entitled to receive. I understand that these payments are exempt only to the extent that they are reasonably necessary for my support or for the support of a person dependent on me for support.

| Type of Support | Person Paying Support | Amount & Location of Funds |
|-----------------|-----------------------|----------------------------|
| None | | |
| | | |
| | | |

17. The following is a complete listing of all of my assets that I have not claimed as exempt under any of the preceding paragraphs.

| Item | Location | Estimated Value |
|------|----------|-----------------|
| | | \$ |
| None | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

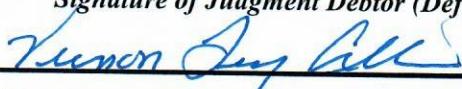
18. The following is a complete list of persons or business that have judgments for money against me.

19. I certify that the above statements are true.

Date

May 23, 2023

Signature of Judgment Debtor (Defendant)



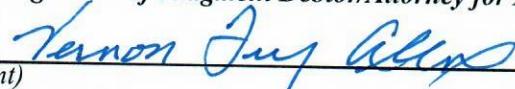
20. A copy of this Motion was served on the judgment creditor (plaintiff) by:

- delivering a copy to the judgment creditor (plaintiff) personally.
- delivering a copy to the judgment creditor's attorney.
- depositing a copy of this motion in a post-paid properly addressed wrapper in a U.S. Mail, addressed to the judgment creditor (plaintiff) at the address shown on the notice of rights served on me.
- depositing a copy of this Motion in a post-paid properly addressed wrapper in a U.S. Mail, addressed to the judgment creditor's (plaintiff's) attorney at the following address: E. Desmond Hogan, HOGAN LOVELLS US LLP, 555 Thirteenth Street NW, Washington, DC 20004

Date

May 23, 2023

Signature of Judgment Debtor/Attorney for Debtor (Defendant)



Address and Phone No. of Attorney for Debtor (Defendant)